

RETIREE RECALL MOBILIZATION PACKET REQUIREMENTS CHECKLIST

MOB/TTAD packet for _____

Date received _____ For duty at: _____

Requested Start date: _____

Reviewed by: _____

(**Note:** It is critical that **completed applications** be received at the HRC, St. Louis, MO **at least 90 days prior to the requested start date of the mobilizing Soldier**. If not, we cannot guarantee that the action can be processed in time to meet the requested start date.)

RETIREEES ARE CATEGORIZED AS FOLLOWS: CATEGORY I, II, OR III. CATEGORY I ARE NON-DISABILITY SOLDIERS RETIRED LESS THAN 5 YEARS AND UNDER AGE 60. CATEGORY II ARE NON-DISABILITY SOLDIERS WHO RETIRED MORE THAN 5 YEARS AND UNDER AGE 60. CATEGORY III RETIREEES INCLUDE ALL THOSE WHO ARE NOT QUALIFIED FOR PLACEMENT IN EITHER CATEGORY I OR II (INCLUDES WARRANT OFFICERS AND HEALTH CARE PROFESSIONALS WHO RETIRE FROM AD AFTER AGE 60).

RETIREE TYPE:

6 [20 YEARS ACTIVE FEDERAL SERVICE (AFS), REGULAR ARMY (RA)]

9 (20 YEARS, AFS, USAR/ARNG) are 60 years and Collecting retirement

R (GRAY AREA, 20 QUALIFYING YEARS) RETIREEES WHO HAVE REACHED THEIR MRD (MANDATORY REMOVAL DATE)

Retiree Type 6: Contact Ms. Shirley Mitchell, Personnel, Office of the Surgeon General, for packet instructions. COMM: (703) 681-3177; email: shirley.mitchell@otsg.amedd.army.mil

Retiree Type 9 & R - DOCUMENTS REQUIRED are as listed below:

JUSTIFICATION LETTER:

Address memorandum as follows:

MEMORANDUM THRU MEDCOM MOB CELL, MCOP-P
THRU Director, Health Care Operations
THRU The Surgeon General
FOR Deputy Chief of Staff G-3, ATTN: DAMO-ODOM

ITEMS REQUESTOR WILL INCLUDE IN JUSTIFICATION LETTER:

_____ Clearly identified the **UIC, Specific duty assignment and location where** the Soldier will be working.

_____ Provide the Position, Paragraph and Line number the Soldier will be slotted against. Clearly articulate the reason for the filling the position. If the request is for a position that does not have a Paragraph and Line number, you must provide strong justification/documentation supporting the requirement.

_____ Provide a job description of the Soldier's duties.

_____ Provide the name, rank, SSN, AOC/MOS and date of 60th birthday of Soldier.

_____ Specify the approved contingency Soldier is being called up to support.

_____ Provide the required start date that you would like the Soldier to report and the tour end date. Indicate the total number of required days. **NOTE: Additional days may be added for travel and SRP In/Out -**

Processing by the approving authority.

_____ The letter must be signed by an O6 or higher.

_____ Provide a point of contact, phone number and email address of the requestor.

17 September 2004

_____ All documentation must be current, and the justification letter can not be over 30 days old. Any packet with dated documentation will be returned without action.

DOCUMENTS REQUIRED FROM SOLDIER:

_____ Submit a copy of Retired Reserve Orders.

_____ All documentation must be current, and the justification letter can not be over 30 days old. Any packet with dated documentation will be returned without action.

HEIGHT & WEIGHT REQUIREMENTS:

_____ Does Soldier meet height and weight requirements? If Soldier does not meet height and weight requirements; there must be a completed Body Fat Content Worksheet, DA Form 5500-R.

_____ The official that conducts the tape test, must check block that the individual is in compliance with Army Standards. The tape test must be within the **last six months**.

LETTER FROM SOLDIER:

_____ A letter signed and dated by the Soldier, stating that the Soldier volunteers to be recalled, and that the recall will not be a financial burden to the Soldier and family members.

30-DAY WAIVER:

_____ If the sponsor requires the Soldier to report for duty within 30 days, the Soldier must sign a statement agreeing to waive the 30-day notification requirement. For example, "I understand that I may be required to report in less than 30-days after receiving orders. This will not create a hardship for me or my family." Packets lacking this statement will have a report date of at least 30 days after the orders date.

APPLICATION FOR ACTIVE DUTY:

_____ DA Form 160-R will be completed and submitted with **current height and weight and Active Federal Service (AFS)** in Item 13 "Remarks". Access this form via <https://2xcitizen.usar.army.mil/> then library, then forms.

PHYSICAL DOCUMENTATION:

_____ Must have a current physical signed and dated by a physician within the last five years that the Soldier is physically qualified to serve. Forms used to determine medical readiness of the Soldier: SF 88 & 93 (OR) DD 2808 & DD 2807-1 (OR) DA 7349-R. Forms must be signed off by a physician on page 2.

_____ P3 or P4 in PUHLES require waivers.

HIV DOCUMENTATION:

_____ HIV Documentation must be current within 6 months of submitting application.

CREDENTIALS FOR HEALTH CARE PROFESSIONALS:

_____ Provide current Individual Credential Transfer Brief (ICTB).

MAILING ADDRESS:

Human Resources Command
1 Reserve Way
St. Louis, MO 63132-5200
Attn: MSG Phillips (HS)
Comm # - 314-592-3874
FAX # - 314-592-3874

QUESTIONS:

Questions may be addressed to MSG Phillips, Human Resources Command, 314-592-3874.